

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.			
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	/						51						
2		/					52						
3							53						
4							54						
5							55						
6		/					56						
7			/				57						
8				/			58						
9					/		59						
10		/					60						
11	/						61						
12		/					62						
13			/				63						
14				/			64						
15					/		65						
16						/	66						
17							67						
18	/						68						
19		/					69						
20			/				70						
21				/			71						
22					/		72						
23	/						73						
24		/					74						
25			/				75						
26				/			76						
27					/		77						
28						/	78						
29	/						79						
30		/					80						
31			/				81						
32				/			82						
33					/		83						
34						/	84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	60						TOTAL IND.						
TOTAL DEP.	24	←	↓	←	↓	←	TOTAL DEP.		←	↓			
TOTAL CLAIMS	84						TOTAL CLAIMS						

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